Province of Nova Scotia

Victoria General Hospital

Annual Report 1980

101-03389/

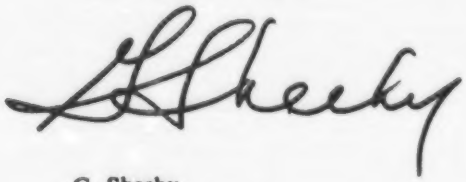
TO:

The Honourable John E. Shaffner
Lieutenant Governor of Nova Scotia

May It Please Your Honour:

I beg to present herewith the Annual Report of the Victoria General Hospital for the period April 1, 1979 to March 31, 1980.

Your Obedient Servant,



G. Sheehy
Minister of Health

Halifax, Nova Scotia
March 1980

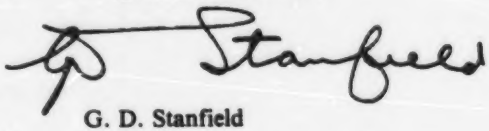
TO:

The Honourable Dr. G. Sheehy
Minister of Health
Province of Nova Scotia
Halifax, Nova Scotia

Dear Mr. Minister:

On behalf of the Board of Commissioners, it is my pleasure to submit to you the 113th Annual Report of the Victoria General Hospital covering the period April 1, 1979 to March 31, 1980.

Respectfully submitted,



G. D. Stanfield
Chairman
Board of Commissioners
Victoria General Hospital

EXECUTIVE DIRECTOR'S REPORT

TO:
Mr. G.D. Stanfield, Chairman
Board of Commissioners
Victoria General Hospital
Halifax, Nova Scotia

Dear Mr. Stanfield:

I have the honour of submitting the 113th Annual Report of the Victoria General Hospital for the period April 1, 1979, to March 31, 1980.

Planning

Much thought and discussion has occurred over the role and the goals of the Victoria General Hospital. As a result, this has been a year of intense planning throughout the Hospital. Functional plans and detailed plans were made for the reorganization of ambulatory (walk-in) care and for cancer treatment. A new Ambulatory Care and Cancer Treatment and Research Centre will be built as a result of this work. The cancer treatment program was rationalized and a new organization proposed so that people throughout Nova Scotia will have a voice in the control and development of their treatment.

Other regional approaches included plans for a redistribution of certain medical services currently carried out at the Victoria General Hospital, the Halifax Infirmary and the Halifax Civic Hospital. Ophthalmology, Otolaryngology, Neurosurgery and Oncology Services are affected by these plans.

An active program of triage (referral) of patients with medical problems not needing surgery was established. Nearly fifty patients a month were referred from the Victoria General Hospital Emergency Room to Camp Hill Hospital.

Staff members of the Victoria General Hospital participated in the planning of a new medical complex for the current Camp Hill site.

Organization

An Occupational and Staff Health Service for the 4,000 staff members of the Victoria General Hospital was organized throughout the

year. A complete redistribution of the location of the surgical specialty treatment units occurred. Ongoing renovations within the building carried out by the Department of Government Services and our own staff contributed to keeping the Hospital in line with current standards.

Development, Coordination, Control

An administrative advisory committee was enlarged. The Executive Director's Administrative Advisory Committee began a series of initiatives in organizational development, coordination and control. An attack on interdepartmental problems has been emphasized along with a management science approach. Procedures for admitting patients to hospital were examined, and a broad examination of bed use was carried out. The Hospital continues to see a trend of dealing with patients with more severe illnesses requiring more nursing care. We continue to operate Nova Scotia's biggest food service.

By keeping our laboratories and radiology services actively developing, we continue to deal with new or emerging disorders such as our recent experience with Legionnaire's Disease.

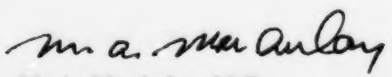
Evaluation

Active programs of audit of medical and nursing care to patients gave us important feedback as they developed. Especial attention was paid to infectious problems unique to the hospital environment; aggressive programs are required to prevent patients being infected by other patients, hospital personnel or the effects of potent drugs. Evaluation of anaesthesia standards has directed us toward achievement of current C.S.A. standards for medical gasses given. A strike of laundry and dietary workers caused administrative staff to evaluate working conditions normally foreign to their daily routine. Evaluation of a care program or the terminally ill brought about revisions.

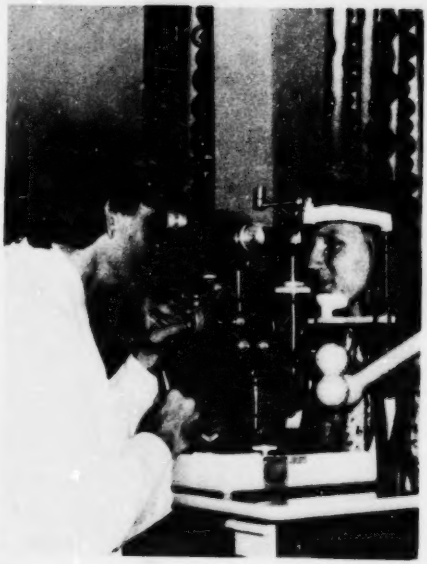
The new Hospitals Act was used to evaluate our position regarding patients' rights.

We prepared ourselves for the accreditation evaluation given by the Canadian Council on Hospital Accreditation.

It has been an interesting and productive year at the Victoria General Hospital.



M. A. MacAulay, M.D.
Executive Director



STATISTICAL SUMMARY
April 1, 1979 - March 31, 1980

Bed Capacity	807
Total Admissions	19,426
Average Daily Occupancy	88.76
Average Days Stay	12.7
Total Patient Days	245,879
Emergency Department - visits	46,615
Ambulance Calls	5,908
Out Patient Department - visits	45,191
Blood Gases	39,184
Bronchoscopy Procedures	139
Cardiac Catherization	
Major Catheterization Procedures	1,344
Other studies, i.e, pacemaker insertion, His Bundle Electro-cardiography, pericardiocentesis, etc.	290
Echocardiograms	1,881
E.C.G. Lab	
Exercise Stress Tests	1,148
Ambulatory Monitoring and Interpretation	699
Electrocardiograms	31,096
E.E.G. Lab Procedures	2077
E.M.G. Lab	
Patient Visits	852
Needle Examinations	758
Nerve Conduction Studies	2,309

G.I. Function Lab	
Function Tests	436
Biopsies and Washings	445
Endoscopies	1,453
Leukocyte Unit Procedures	126
Occupational Therapy Attendances	6,407
Physiotherapy Attendances	50,303
Pulmonary Function Studies	1,202
Respiratory Technology Unit	
Number of New Patients	n/a
Nebulizer Therapy	4,050
O_2 Therapy	3,260
Aerosol Therapy	1,067
Ventilation Therapy	1,808
Carbon Dioxide Therapy	1,884
Cardiac Arrests	270
Renal Dialysis Unit	
Chronic Dialysis Procedures	3,488
Acute Dialysis Procedures	238
Home Dialysis Unit	
Number of patients started on Home training	12
Number of dialysis procedures	372
Microbiology - Specimens Examined	230,806
Pathology:	
Clinical Chemistry - Tests	2,379,787
- S.C. Units	10,555,109
Hematology - Tests	776,860
- S.C. Units	6,483,934
Anatomical Pathology - Autopsies	505
- Surgical Cases	24,413
- Frozen Sections	748
- Consults	755
- Total Workload in S.C. Units	433,630

Cytopathology - Tests	72,949
- S.C. Units	1,576,862
Diagnostic Radiology Examinations	159,669
Radiations Oncology Examinations	28,348
Pharmacy - Prescriptions Filled	107,000
Dietary Department - Meals Served	2,146,436
Audio-Visual - Photos, slides and transparencies	4,373
Sterile Supply Service - Trays, sterilizing, services	1,967,029
Laundry Department - lbs processed	4,163,743
Oral Surgery - Procedures done	15,018
Anaesthetics administered	22,559
Number of Operations	23,069
Social Service - Units of Service	65,149
V.O.N. - In Patient referrals	1,245
- follow-up	157

Board of Commissioners

Dr. B. W. D. Badley
Mrs. Margaret Davison
Mr. David Hatt
Miss Sharon Lloy
Prof. R. Graham Murray
Dr. D. B. O'Brien
Mr. Wayne C. Paterson
Mr. Fred H. Robinson
Mr. Gordon H. L. Shupe
Mr. Gordon D. Stanfield
Mr. Daniel White
Mr. David Zive

Administrative Staff

M. A. MacAulay, M.D., F.R.C.P. (C), Executive Director
D. M. McNaughton, C.D., B.A., M.H.A., Administrative Director
Mrs. M. Grantham, R.N., M.Sc.(A), Director of Nursing
H. J. Churchill, Director, Finance and Personnel
Mrs. J. Magee, R.N., B.Sc.N., Director, School of Nursing
C. F. Matheson, Director, Special Projects
J.C. Theriault, B.A., B.Comm., D.H.A., Administrative Coordinator (Non-Medical)
Miss M. T. Gillis, R.N., B.Sc.N., Administrative Coordinator, (Medical)
N. Merchant, M.D., Acting Coordinator, Emergency Medical Services
Miss J. A. Stewart, B.Sc., P.Dt., Director, Dietetics
R. E. Buckley, B.Sc., M.B.A., Personnel Officer
Miss Grace Burke, R.N., Supervisor, Emergency Department
Mrs. G. I. Grant, R.N., B.Sc.N., Supervisor, Out-Patient Department
R. H. Arthur, B.E.E., Plant Engineer
W. C. Houlihan, Co-ordinator, Materiel Support Services
W. D. Avery, Chief Fire and Security Officer
R. Merrett, B.Sc.Phm., M.Sc.Phm, R.P.E.B.C., Director, Pharmaceutical Serv.
Miss P. MacDonald, B.A., Dip. S.W., M.Sc. (Soc. Adm.), A.C.S.W., R.S.W., Director, Social Services
Mrs. C. McCarthy, R.N., B.Sc.N., Chief Operating Room Supervisor
Mrs. C. Parnell, C.C.H.R.A.(C), Head, Medical Records Department
Miss M. Wamboldt, R.N., Supervisor, Admission and Discharge Department
Mr. F. Oram, B.Sc., M.L.S., Coordinator, Health Sciences Library

and Audio-Visual Services
D. T. Janigan, M.D., C.M., Head, Department of Pathology
J. H. Cooper, M.B., Ch.B., F.R.C.(Path), F.R.C.P.(C), Deputy Head, Department of Pathology
J. T. Hindmarsh, M.D., F.R.C.P.(C), M.R.C.(Path), Director, Clinical Chemistry
H. C. Read, M.D., C.M., F.A.C.P., F.R.C.P.(C), Director, Haematology
G. H. Anderson, M.B., B.S., Director, Cytopathology (resigned July 1979)
G. E. Bisson, F.R.C.S.(C), Associate Pathologist, Cytopathology
K. R. Rozee, M.Sc., Ph.D., Dip. Bact., Head, Microbiology
G. Digout, B.Sc., Dip. Bact., Div. Chief Technologist, Microbiology
E. V. Haidane, M.D., F.R.C.P.(C), Director, Medical Microbiology
R. S. Faulkner, M.Sc., Ph.D., Dip. Bact., Director, Virology
R. S. Martin, B.Sc., Ph.D., Dip. Bact., Director, Public Health Bacteriology
J. S. Gibson, L.C.S.L.T., F.I.M.L.T., Div. Chief Technologist, Anatomical Pathology
T. Boutilier, A.R.T., Div. Chief Technologist, Clinical Chemistry Chemistry
P. Allsop, B.A., A.R.T., Div. Chief Technologist, Haematology
Rev. P. F. Granville, Co-ordinator, Chaplaincy Services
Z. Pinto, M.D., F.R.C.P.(C), Associate Hematologist

DEPARTMENT OF ANAESTHESIA

Another busy year passed quickly for the Department. It remained busy on almost all aspects of our responsibilities.

The quality of our clinical services, the respect of our peers in this medical community and the reputation of our training programme continue to rise. Increasingly over the past year, guidelines and recommendations concerning standards of anesthesia practice and involvement of residents in training have assisted in raising our credibility and responsibility as a major teaching hospital.

In these times of shortage of anesthesia manpower in Canada, we are lucky to be so well staffed with such a competent and enthusiastic team of anesthetists. It appears to be this particular environment and mix of staff that has allowed this and has caused the Dalhousie Department of Anaesthesia to be considered amongst the leading Departments in Canada. We appreciate the Assistance from the University, the Hospital and our Surgical and Medical colleagues. That undoubtedly has helped us achieve this acclaim.

THE ADMITTING AND DISCHARGE DEPARTMENT

Bed Capacity — 807

Average Daily Patient Census — 88.76%

Total Admissions — 19,426

Total Discharges — 18,543

Total transfers since August 1979 — 7,647

Total Private Outpatients processed since August 1979 — 5,587

Miss Margaret Wamboldt, R.N., was appointed Supervisor effective November 5, 1979 and Mrs. Wanita MacIntyre was reclassified to Assistant Supervisor effective January 1, 1980.

An Admission and Discharge Committee was formed in February 1980 with representation from the medical staff, nursing, emergency, utilization and admitting. Recommendation was approved for keeping services within their allocated areas whenever possible. Recommendation

was submitted for medical staff approval of 1100 hour discharge. This committee will be reviewing existing policies and procedures and revising them as necessary.

AUDIO/VISUAL DEPARTMENT

The Audio/Visual Department experienced a sad but successful year 1979-80. During the past year we lost a long time employee and very good friend Mr. Gerald Field. Mr. Field was respected as a fine projectionist and served the V.G. Hospital for many years.

This year showed increases in both A/V services and teaching aids which play vital roles in most presentations throughout the Hospital.

At present our department with its modest budget and limited staff are trying to fulfill the many demands for A/V services. It is hoped that consideration be given to increasing the number of staff as the Victoria General is the largest hospital in the maritimes.

The Audio/Visual Department is happy to announce that we have a new VTR color camera and portable recorder, thanks to the Administration for providing the funds to purchase this equipment.

Statistics:

No. of requisitions processed	778
No. of patients photographed	406
No. of black & white neg. processed	1068
No. of color transparencies processed	1496
No. of overhead transparencies distributed	1403

VICTORIA GENERAL HOSPITAL AUXILIARY

The Auxiliary had an active and successful year with over 100 member and non-member volunteers giving approximately 9000 hours of in-service work. Countless hours are spent in preparation for our fund-raising projects.

Our in-service programs include the following:

Distributing free coffee, tea, etc. to out-patient clinics and the Emergency Department five mornings weekly. A lending library visits patients regularly distributing pocket books and magazines. Very few

popular magazines are returned, so we have to buy subscriptions for these in order to have a supply. Mobile gift cart with necessities and gifts from the Gift Shop is very popular with bed-ridden patients and those from other parts of the province. Flowers are distributed every afternoon, except Sunday, to patients from local florists. There is also a very active Visiting Committee. Patient trays are decorated with colorful favors at Christmas, Easter and Valentine's Day. A small gift is presented to each patient in the hospital over the Christmas season. Each year a gift is given to a graduating nurse. Members act as cashier in the Gift Shop, or as a "back-up" replacing stock on the shelves, and aiding customers.

Money-raising projects during the year were: Spring Coffee Party, fashion show, Kris Kringle's Korner, sale of Lottery tickets, cook books, candy and Memorial Cards. Revenue is also derived from the Coffee and Gift Shop, Beauty Salon, Barber Shop, sale of fresh flowers in the Gift Shop and flower delivery. These projects are under the excellent supervision and guidance of the Executive Director, Mrs. W.H. Bennett.

We employ nine full and part-time personnel.

At our Annual Dinner Meeting in May, which is provided by the Hospital Board of Commissioners, a donation of $15,000 was given to the Hospital Administration. We wish to thank the staff and administration of the hospital for their cooperation in all our endeavours during the past year. As we continue to bring the "human touch" to the patients, we are assured that this rapport will exist in our future contact.

The following slate of officers were re-elected to office for the 1980/81 year:

Honorary Life President.....Mrs. W. H. Bennett
President.....Mrs. D. A. MacLennan
1st Vice President.....Mrs. J. Rice
2nd Vice President.....Mrs. R. Aitken
Recording Secretary.....Mrs. W. H. Bennett
Corresponding Secretary.....Mrs. W. B. Orr
Treasurer.....Miss E. Johnson

DEPARTMENT OF BIOMEDICAL ENGINEERING

Staff Complement: 1 - Biomedical Engineer
1 - Secretary
1 - Chief Technologist
5 - Electronics Technologists

The Biomedical Engineering Department is responsible for the maintenance, safety and accuracy of electro-medical equipment in the Hospital. In 1979, the Department performed incoming safety and performance tests on approximately 200 new electro-medical instruments.

The number of instruments included in the Routine Maintenance Program increased from 1,700 to 2,300 during the year. From these 2,300 instruments, 800 were given routine maintenance checks during the year.

In 1979, 46 off duty emergency calls were made by Technologists.

During the year, approximately $200,000 in older equipment was replaced with new instrumentation. Much of the equipment replaced had been in use for over 14 years.

In October, the 2nd Canadian Clinical Engineering Conference was held in Halifax. The Conference was cosponsored by the Victoria General Hospital with one full day of the Conference located at the Hospital. Many of the 141 registrants were from outside the Halifax region. The Biomedical Engineer, Mr. Wayne Rockwell, was Conference Chairman and also coauthored two papers, "The Use and Effectiveness of Incoming and Routine Equipment Inspections" and "Costs and Benefits of Clinical Engineering."

CHAPLAINCY SERVICES DEPARTMENT

Since the fall of 1973, the Chaplaincy Service has been established as a Department in the Victoria General Hospital with responsibility to the Board of Commissioners through the Medical Director. Four of the ten full-time Chaplains serve the Victoria General Hospital almost exclusively while the other six have shared responsibilities in other local hospitals. All ten Chaplains are appointed and financed by their various denominations.

In addition to the full-time Chaplains, there are several associate Chaplains, persons officially designated by their denominations as hospital visitors.

This past year has been one of improved change, a new Chaplaincy Office adjoining a visiting clergy room is much appreciated. We even have a new room for secretarial services but without a secretary. However, staff members of the Communications Department are mak-

ing good use of this room in their successful efforts to keep patient records up to date for the clergy. We are most grateful to this department for helping us to improve our public relations.

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Department statistics show only a minor increase in total examinations from 159,236 for April 1978 to March 31, 1979, to 159,669 for the same period 1979-80. Nuclear Medicine exams were 8,293 for 1979-80 and 7,822 for 1978-79.

We now have good facilities to do cardiac investigation in nuclear medicine. Myocardial perfusion and ventricular function studies are done in cooperation with the Cardiology Department. This has added considerable scope to our non-invasive cardiac investigation with the use of computer assistance. This addition accounts for some of our increase in total nuclear medicine examinations.

The department plans to expand its radiology staff with the addition of Dr. Lisa Ehrlich on July 1, 1980. She has been doing an extra Fellowship year (July 1979 to July 1980), and her primary responsibility will be in the Nuclear Medicine Department. She obtained her F.R.C.P. in 1979 with a portion of her resident training at the University of Toronto.

The Diagnostic Radiology Department now has 11 residents in training, and again all our candidates have obtained their Fellowships following Royal College exams in the fall of 1979. The R.T. training school has 23 students, and all 11 students completing training have passed their R.T. examinations.

Plans have been submitted for expansion of our cramped facilities in the new Ambulatory Care Centre. We would anticipate doing the majority of our outpatient examinations in this centre thus relieving the congestion in the main department.

DIETARY DEPARTMENT

As in previous years our clinical and administrative staff have combined their efforts to provide food of high quality.

Meals Served:

In-patients, Nova Scotia Rehabilitation Centre	47,715
In-patients, Victoria General Hospital	877,978
Scotia Room Cafeteria and Special Functions	923,669
Emergency Department	3,509
Diabetes Day Care Clinic	3,681
Renal Out-Patients	5,789
	1,862,341
Nova Room Cafeteria	207,226
Nova Scotia Rehabilitation Centre Cafeteria	51,969
Operating Room Satellite Service	24,900

Out of the 877,978 in-patient meals served in 1979-1980, special diet trays numbered 193,869.

Dietitian In-Patient Attendances	43,057
Dietitian Out-Patient Attendances	5,565
Dietitian In-Patient Instructions	3,864
Dietitian Out-Patient Instructions	1,171

In June, 1979, the Canadian Dietetic Association Conference was held at the Hotel Nova Scotian/Halifax Metro Center. Joan A. Stewart was conference Chairman. There were seven hundred dietitians and other interested people in attendance. Sixty-four Food Equipment and supply companies exhibited current materials in the Metro Centre.

The Nova Scotia Dietetic Association presented a "Merit Award" this year to an individual for outstanding leadership and contribution to the profession of dietetics. The award was presented to Joan A. Stewart, Director of Dietetics.

An "Executive of the Year" was named by the Canadian Food Service Executives Association. The honor came to the Victoria General Hospital Dietary Department in the person of Joan Douglas, Assistant Director of Dietetics, Food Production. Mrs. Douglas was a National Director as well as a member of the committee organizing the Association's National Convention held in Halifax, in May, 1979.

In July 1979, the C.B.R.T. and General Workers left their jobs at twelve noon to go on strike. The strike lasted fourteen days. It involved one hundred and forty-five dietary workers. We certainly thank members of our own staff as well as the many hospital volunteers from other departments who helped us out at that time.

In February, 1980 the department sponsored Nutrition Days. The theme was "The Nutrition Connection". All staff worked beyond the call of duty to provide educational experiences for public and staff.

Studies were done this year to assist in organizational and/or systems changes. These included a "Supper Menu" study, a "storeroom" study and the trial and eventual change of staff scheduling at the clinical food service supervisor level.

Protocols for dietary staff were established in the clinical area of nutritional support to the hospitalized patient. These included a Total Parenteral Nutrition Protocol and a Tube Feeding Protocol.

Ten student dietitians were trained during 1979-1980.

DEPARTMENT OF GYNAECOLOGY

There has been a slight decrease in the number of in-patient surgical procedures in 1979, with a corresponding increase in out-patient procedures — 1385 of the former, and 1511 of the latter.

The distribution and utilization of beds has not changed during the year with the exception of the establishment of a two bed day care termination unit.

Termination of Pregnancy

A great effort has been made during 1979 to ensure that therapeutic termination of pregnancy approved by the hospital Therapeutic Abor-

tion Committee can be dealt with expeditiously and safely. A day care unit has been set side on 5 North and appointments for approved cases are made through the nurse in charge. The patients are screened as to the best method of management by a gynecologist and in most cases the procedure can be carried out at once. A few cases will require booking for treatment in the operating room under general anaesthesia and we still have a few 2nd trimester cases, although this is reduced a great deal. A survey of patient reaction and physician reaction to this service is ongoing and it appears that this service, including a full counselling opportunity, is meeting the needs.

Teaching

The educational facilities for medical residents, interns and students are fully used as in previous years. Students from the hospital School of Nursing also are trained on our Gynecology Service and, occasionally, students from other schools have short experiences here. Our facilities and arrangements seem to be adequate for the teaching responsibilities which we carry.

Research

A new case summary system has been instituted and the Medical Records Department is now able to provide the department with ongoing data as to the outcome of various procedures, including complications and morbidity figures. This is the first time that this information has been available for quality control on a continuing basis. In cooperation with the Tumor Clinic, information on cases of carcinomas will soon be computerized and detailed information will then become accessible for followup and study.

A study of cases of pelvic inflammation is soon going to be instituted. This disease is assuming an increasingly large role in the community.

Administration

During the year, Dr. T. R. Martin resigned and moved to Vancouver and Dr. Leo Peddle was appointed Consultant Gynecologist.

Regular weekly departmental rounds are held on Wednesday mornings. These are academic in nature and many topics have been presented and discussed — usually based on patients who have recently been in the

service. These rounds are attended by staff and housestaff and frequently by members of the nursing staff. At meetings of problems and at the monthly University Departmental meeting, matters of concern to this hospital staff are always discussed.

A number of papers were given by members of the department and full details are shown in the University Department report.

Planning

The department has been active in the planning for the Camp Hill Medical Centre and the changes which will be necessitated by the closure of the out-patient building and the construction of the new ambulatory care centre. Certain physical changes in the departmental area are projected for completion in the near future. This should allow us to continue a smooth operation during the transition which will occur in the next few years.

HEALTH SCIENCES LIBRARY

Progress continues to be made in provision of library service to Hospital Staff. Statistics reflect an increasing trend in the usage of library services and resources. Book acquisitions increased by 28% and the purchase of journal subscriptions increased by 600% over the previous year. Also in comparison with last year, the main library's book circulation has increased by 40% and journal circulation by 58% over the previous year.

Some significant developments have occurred in the Library Department which have an impact upon its ability to provide a more efficient and comprehensive service to its clientele. In the past year, the library has acquired four new double-faced shelving bays. This will partially alleviate the book storage problem, which the library has experienced in recent years.

A new coin-operated photocopier has been acquired in the past year. This copier can be used by all hospital staff at a rate of 5 cents per copy.

Perhaps the most significant development has been the inclusion of an expanded library facility in the new ambulatory care centre. This represents a solution to the library's long standing problem of insufficient space. The new facility will provide three (3) times the space presently being occupied by the main hospital library.

As one of its projects for the forthcoming year, the Library Staff will attempt to establish a slide collection in cooperation with the Audio Visual Department. This project will add to the library's capacity to meet the resource needs of its clientele.

MATERIEL SUPPORT SERVICES

General

A review of activities for the year 1979-80 indicates continued increase of the demands being placed on all elements of Materiel Support Services.

Service was maintained without an increase in staff; however additional equipment was acquired in order to meet the increased workload.

Inventory Control

In November 1980 total responsibility for inventory control of Drugs was assumed by this element. Personnel previously involved in this activity were transferred from Pharmacy; however the management of this additional responsibility was assumed by existing management staff. This change resulted in an additional amount of $2,000,000.00 being expended by Inventory Control.

Unfortunately the implementation of Phase II of the computerized inventory system which covers activity associated with non-stock supplies was postponed until 1980-81.

As a result of improved management techniques the total value of inventory remained the same as for the year 1978-79 in spite of the fact that the cost of supplies increased approximately 15 per cent.

Stores

The total number of items issued increased about 10% not including the issues recorded as a result of assuming responsibility for Pharmacy Stores. The members of the staff of Pharmacy Stores involved in the physical handling of stores were transferred to the Stores Department.

The acquisition of a duplicating/collating system (A.B. Dick) permitted the continuation of the duplicating service being supplied by the Print Shop at a reduced cost to the hospital.

Porter Escort Services

A five per cent increase over the previous year in volume of requests for service was received by Porter Escort.

It was recognized that additional training was required by Messenger-Porters who transport patients, therefore arrangements were made with departments such as Nursing and Physiotherapy to provide instructions which will upgrade the quality of service provided.

Laundry

The withdrawal of services by some Laundry workers during August, 1979 resulted in a reduction in productivity for a two-week period. Sufficient linen was provided to priority areas such as Operating Rooms through the cooperation of Nursing Departments who accepted sub-standard workmanship during this period and the assistance received from management and other excluded staff who worked in the laundry during the period that services were withdrawn.

Members of the management staff of this Laundry were active in the affairs of the Institutional Laundry Managers and Executive Housekeepers Association during the period and attended external courses designed to improve skills in laundry management.

MEDICAL RECORDS DEPARTMENT

During the 1979/80 year the Medical Records Department processed the records of 118,662 patients and 67,892 patient records were retrieved. There were 6,308 requests (by mail, telephone and in person) for patient information from other health care facilities, doctors' offices, lawyers, insurance companies and government agencies. There were 77 major research projects involving 6,792 records. There were 51 major requests for statistical data. The Medical Records Department assisted with 8 clinical appraisals.

Private Patient Discharge Summaries

As of January 1980, discharge summaries are required for private as well as ward patients.

P.O.P. (Private Outpatient) Indexes and Statistics

As of January 1, 1980, data will be collected and tabulated on all out-patients appearing on the operating room schedule. Reports will be available monthly. This service is provided to meet the need for basic information for research, clinical appraisal and administration.

Clinical Appraisals

The Medical Records Department assists clinical departments in carrying out clinical appraisals: Our role is:

— attend monthly meetings of Clinical Appraisal Committee

— contact physician(s) or other members of health care team wishing to do appraisals

— discuss criteria as developed by physician(s) or other members of health care team

— develop data collection worksheets

— determine sample size and method of sampling (where applicable)

— select patient records

— collect data

— tabulate data

— summarize findings

— submit report to physician(s) or other members of health care team for interpretation and follow-up

— re-audit at time determined by Clinical Appraisal Committee

In addition, the Medical Records Department has begun collecting data required for *QAM* (Quality Assurance Monitor). The quarterly reports are used as a tool in the clinical appraisal process. These reports will be evaluated for their usefulness to the clinical appraisal process. This system went into operation October 1, 1979.

Late Reports

The Head of this Department chaired a special committee appointed by the Executive Director to study the late report problem. The Committee discovered many difficulties in the process of requisitioning diagnostic tests and procedures so that the results would become part of the patient's record before discharge. The problems included patient identification, patient location, transportation of requisitions and reports, filing of reports received, etc.

The Committee's report has been completed and submitted. As a result, a task force has been established to implement the recommendations.

Record Control

This remains a problem. Policies are not enforced and there are no policies in other areas. The consequence is hours of Medical Records staff's time spent searching for records, and delays in retrieving records for patient care purposes and data processing.

Supervisory Staff

Mrs. Ruby Billard has accepted the position of Assistant Department Head. Mrs. Billard has many years experience in the medical records field with emphasis on medical data processing.

Mrs. Beverly Wynn has accepted the position of Supervisor of the Central Dictating System. Mrs. Wynn is an experienced medical transcriptionist.

DEPARTMENT OF MEDICINE

Clinical Services to patients in the Department of Medicine continued at a high level. It is to be noted that there was an increase in total discharges over the fiscal year, while total days stay and average days stay were decreased by approximately 4% and 7% respectively.

Summary of Clinical Services

	April 1, 1979 to March 31, 1980	April 1, 1978 to March 31, 1979
Beds in Use	235	235
Total Discharges	5,327	5,158
Total Days Stay	75,583	79,055
Average Days Stay	14.2	15.3
Average Daily Occupancy	206.5	216.6
Emergency Admissions	2,944	3,024
Total Deaths	351	373
Autopsy Rate	27.4%	33.0%
Patients Receiving Consultation	1,762	1,837

Dermatology service had an active year. The Treatment Service continued to function within the hospital. A Grenz-ray machine, a valuable tool in relieving otherwise obstinate dermatoses, has been added to the hospital. Also a PUVA (Psoraline Ultra-Violet Light A) has been acquired for use in the Ambulatory Care area.

Gastroenterology Service continues to hold a weekly ambulatory clinic designed predominantly for education, weekly seminars, and Gastroenterologic Radiation rounds. Each of the members of the active medical staff on service has been involved in clinical investigations during the year. Workload in the G.I. Function Lab continues to increase.

Clinical Pharmacology reflects a significant decrease in the number of toxicology patients treated. This is indicative of the success of an intensive training program held in the Emergency Department in the summer of each year.

For the first time this year all rheumatologists taught second year the examination of the musculoskeletal system. Teaching Rounds were held as usual and were well attended. A number of rounds took the form of pathology conferences on autopsy or biopsy materiels.

Infectious Disease service had a moderately successful year. Consultations continued to increase. Joint adult-pediatric infectious disease rounds were initiated.

Cardiology Service continues to be busy with all of the labs experiencing increases in workload. New monitoring equipment is to be established on Ward 4B in the near future.

The Nephrology service took part in three clinics, as well as supervised three satellite units in the Sydney City, Yarmouth Regional and I.W.K. Hospital for Children.

Physiotherapy continues to fulfill its obligations despite staff shortages. The utilization of volunteers during the year and the help of six casual physiotherapists over the winter, helped to relieve some of the strain. It is hoped that the appropriate staff complement will be approved as soon as possible.

Respiratory Technology had a 29% increase in ventilator care services which overwhelmed staff, equipment and backup services. This also includes student education at bedside level, as the staff provide this valuable service. A request for further staff has been finalized and received positive response from the Department of Health. A five year plan has been submitted regarding known demands and changes and it is awaiting administrative approval.

DEPARTMENT OF MICROBIOLOGY

1979/80 was a year of unusual stability for most sections of our laboratory. In total we increased our specimen load by only 1.5%. This lack of total change hides, however, several very important service increases and changes in laboratory practice that occurred this year. Infection Control consolidated their hospital program and now provides a wide range of services such as product and sterility monitoring, as well as surveillance. Serological tests for Cryptococcosis and Legionellosis were introduced as well as a complete revamping of Rubella serology, which is now based on a radial hemolysis technique.

There were substantial increases in the numbers of atypical mycobacteria and chlamydiae isolated by our laboratory this year, as well as a doubling of demand for Electron Microscopy attendant upon outbreaks of infantile diarrhea. Both Mycology and Parasitology sections have experienced healthy increases and will almost certainly assume more importance in the near future.

As indicated, statistics can deceive. Despite apparent lack of increase, we have certainly had a "benchmark" year of changes, and with impending computerization change will increasingly become the norm rather than the exception.

Table 1
General Statistics of Department
Total Number of Specimens

	1978/79	1979/80	Percentage
Clinical Bacteriology	70,622	69,158	-1.6
Clinical Immunology	51,845	54,825	+5.7
Electron Microscopy	874	1,564	+44.1
Enteric Bacteriology	4,423	4,362	-1.6
G.C.	17,104	17,511	+2.4
Parasitology	1,518	3,241	+113.5
Mycology	3,673	4,453	+21.2
Respiratory Bacteriology	11,100	10,763	-3.1
Sanitary Bacteriology	36,293	35,195	-3.1
Virology	29,804	29,374	-1.4
TOTAL	227,256	230,806	+1.5

DEPARTMENT OF NEUROSURGERY

The Department of Neurosurgery during the past year has been, as in previous years, handling a large volume of clinical neurosurgery while maintaining its academic role in the University and Hospital setting.

With the partial closure of the Halifax Civic Hospital, in March, 1980, additional beds were assigned to Neurosurgery, in the Victoria General Hospital on 9B. In prior years, a large number of neurosurgical patients were admitted to the Halifax Civic Hospital and had their neurosurgical operative procedures performed on an out-patients' basis and then were transferred back to the Halifax Civic Hospital the same day. On closure of the neurosurgical beds at the Halifax Civic Hospital, all neurosurgical patients are now admitted to the Victoria General Hospital and receive their total neurosurgical care in this Hospital. This has been a major step forward in improving the overall neurosurgical care of patients.

The Attending Staff has remained the same, as in previous years. An active Teaching Program was continued during the past year, both at the under-graduate and post-graduate level. Weekly Neurosurgical Conferences were held in the Department and a Seminar and Journal Club Program, in conjunction with Neurology, Neuroradiology and Neuropathology, was held throughout the University Year at Staff Members' homes.

During the past year, the Canadian Congress of Neurological Sciences and the Atlantic Neurosciences Society held their Annual Meetings in Halifax and both were very successful Meetings requiring a good deal of effort on the part of the Attending Staff of the Department.

The Neurosurgical Nursing Staff played a prominent role in the activities of the Canadian Neurological-Neurosurgical Nurses Association and held a one-day Seminar at the Victoria General Hospital for nurses throughout the Province. As has been in previous years, the Active Staff contributed to this Seminar and continue to play an active role in the upgrading of the neurosurgical education of the nursing staff in the Department.

DEPARTMENT OF NURSING SERVICES

Patient Care:

The care of our patients is the major reason we are here. It is important to us and to our patients to know we are doing this well. This is the focus of our Quality Assurance Committee. We are developing standard care plans, following Mayers Model on the two pilot areas of 6 North and 5A. We are also developing a concurrent audit and one test has already been run on 2A. The committee plans to expand the areas involved until the whole hospital is participating.

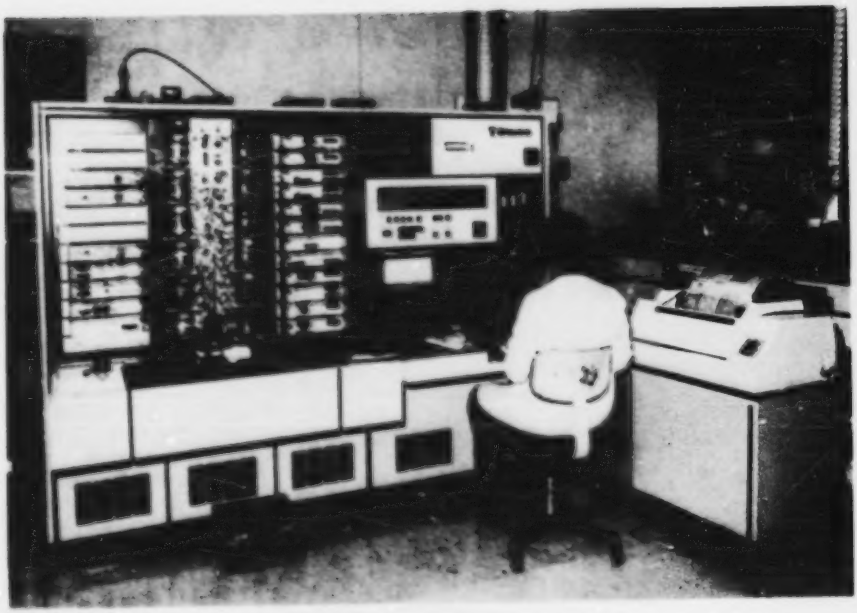
Nursing Care of patients is a dynamic process in our hospital. Changes occur in patients' needs because of new knowledge in the health field, because of new environmental factors, and because of organizational changes made to enhance patient care. In the following paragraphs, I will identify many of the changes involving Nursing over the past year.

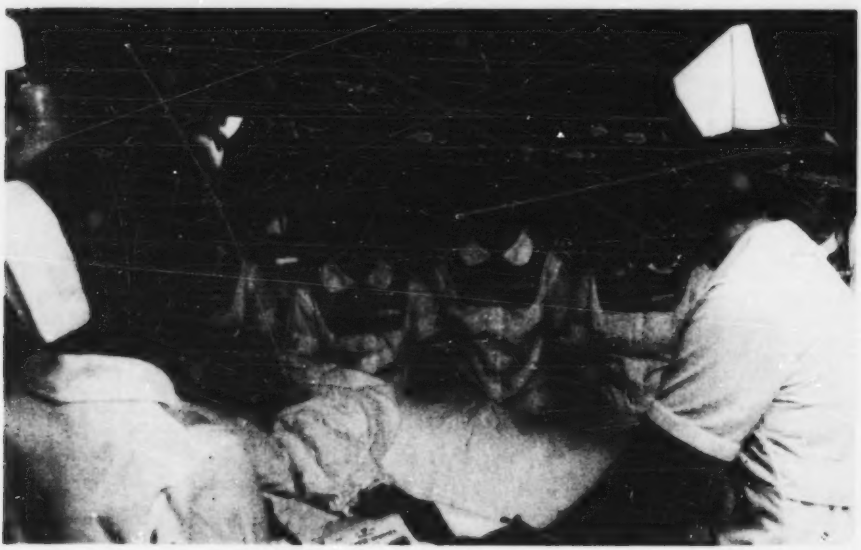
Major Changes:

The relocation of Surgery beds had a great impact on Nursing Staff. In some instances this involved special workshop preparation for the staff, who were to care for a different type of patient.

The Cardiovascular Nurses began working with Cardiovascular Associates in September, 1979. Developing a working relationship with these new workers was carried out in a cooperative spirit.

In February, the Civic Hospital closed their third floor and Neurosurgery patients formerly cared for there are now admitted to 9B.





Plans for opening a Transplant Unit on 8 North have been slowly progressing. The physical facilities are being transformed and there is an active search for Head Nurse and staff for the unit.

5 Victoria last September began a new Termination of Pregnancy Unit. This service reduces the waiting period and eliminates many of the more complicated procedures at a later stage of pregnancy, which require longer hospitalization.

Renal Dialysis developed a satellite unit at the I.W.K. in February this year. The Nursing complement was increased to handle this additional responsibility.

In January, we were informed that Point Pleasant Lodge could become an insurance service for certain categories of our patients who did not need acute and constant Nursing services. Much thought went into planning for the patients who would benefit from this and in identifying what services should be available to them.

Minor Changes:

Nursing staff have been involved in a variety of changes which we hope will enhance better patient care and improve staff working conditions. 5B and 7A are making minor renovations on their units to convert a 4-bed room to an Observation Room for their acutely ill patients. The Treatment Room was converted to a Medi-prep Room on 5 South. 4 North saw a major renovation in the old square 12-bed ward. The oxygen delivery system was completely updated and outlets made available to each bed. The centre of the square ward was converted into a small sitting area which has a bookcase, hanging plants, and pictures on the wall. Long awaited changes for the staff room on 7 North were completed this year and remote control T.V.'s were installed in the Burn Unit Isolation Rooms.

A commonly heard phrase is: "The patients this year seem to be sicker than they have ever been before." The following factors tend to support this generalization. There has been an increase in patients requiring Peritoneal Dialysis. These patients can be sent to their Community Hospitals for continued treatment. The Nursing Staff on 4 South have developed a protocol of treatment which they generously share with the Nursing Staff of the Community Hospitals. The Burn Unit has been constantly full this year, with a total of 41 patients, plus 23 who were accommodated in the overflow area of 7 North. The Operating Room report shows an increase of 1,200 patients from 1978. 41% of all their patients

were day surgery; 3% of all in-patients in Recovery room are requiring 6 or more hours of care. This supports the comment that Intensive Care patients are staying in Recovery Room longer now because the appropriate Intensive Care Units are full.

The new and unusual are also challenging the Nursing Staff. In February, a staff member went to Toronto General Hospital for a three day period to learn about their Home Total Parenteral Nutrition Program, to accommodate one of our patients who had been transferred there for this specialized service. The patient, on return, was supported by 4A around his Home Therapy. In the summer, several cases of Legionnaires Disease were diagnosed in the hospital. Information to assist staff in the nursing care of their newsworthy patients was prepared and shared immediately. A further example to show how the V.G. Nursing Staff must be prepared for the unusual occurred on 8 Victoria, when a baby was born to a leukemic patient.

Ongoing Changes:

As well as these increases and changes, many good programs and services have been continued. Units have continued to revise, update and improve their Unit Orientation. The development of Standard Care Plans is occurring throughout the hospital. Multi-disciplinary service and teaching rounds are conducted on many services.

The Hospice Program has continued to provide volunteers of high calibre to visit patients and their families on request. Many of the Nursing Units have had sessions to meet the staff's desire to learn more about the care of terminally ill patients. These sessions have provided support to staff who are also affected by the loss of their patients and friends.

Research:

The Nursing Department continues to encourage research into Nursing problems, whether they be clinical, educational or administrative. One project undertaken compared the affects of the 8-hour and 12-hour shift. There are two aspects to this comparison. One looked at the quality of patient care on 8 and 12-hour units. The results of this study indicated better care on 8-hour units; however, the study had several limitations and we were unable to generalize these results to the whole hospital. The second aspect addressed the affect of the two shifts on Nursing Staff. There was no conclusive decision about what shift was best. As a result of these two studies, a moratorium on the conversion of 8-hour floors to

12-hour shifts was lifted. Now only the Operating Room, Recovery Room and two General Units continue to have all 8-hour shifts.

The Burn Unit Study was continued this year, looking at "Nursing Management of Patient Stress in a Burn Unit".

In the Fall of 1979, 100 of our staff were approached to participate in a province-wide study on "Nursing Turnover."

Other studies looked at were: Hand Carried Organisms of Health Care Workers; a booklet to Teach Heart Patients about their Own Care, and Nurses Knowledge of and Practice of Oral Hygiene for Hospitalized Patients.

Administration of Nursing Resources:

The major resource available to the Department of Nursing Services is the Nursing Staff. Strong emphasis has been placed on staff development this past year. Nursing leaders have been on educational leave for specific programs and for university courses. As well, nursing staff, head nurses and nursing administration personnel have been attending university on a part-time basis, working towards the next level of their formal education.

A Health Department official has recently indicated that he expects the Victoria General Hospital to be the flagship of health care in the Province. The Nursing Department assumes its full share of this responsibility. Our staff are recognized for their expertise and their willingness to share this with others. Examples include: the Diabetic Workshop, primarily planned by our Nurses from the Diabetic Day Care Clinic; the Head Nurse on 6 North presented a paper at the Canadian Orthopaedic Nurses' Association in Toronto; the Head Nurse in MICU conducted a two-day workshop, sponsored by Dalhousie University on Respirology; at least 7 of our Nurses have been sent to facilitate workshops. One of the results of the increase in complex surgery patients in the General Care Units has been a greater tendency of Nurses in one specialty to share their knowledge and skills with Nurses in other areas of our hospital.

The Community involvement by Victoria General Hospital staff has been extensive throughout the year. This includes participation in professional association meetings, and our staff have been involved in attending, planning and facilitating programs and workshops for professional and lay participants. Requests from other hospitals for our help have

been channelled through Continuing Education. This year, a total of 410 hours of learning experiences in our clinical areas were coordinated this way.

The Recruiting Committee has been extremely active, visiting every university and diploma school in the maritime provinces. Recruiting literature was sent to Newfoundland and to central and western Canada. The trend right across the country is for more mobility of nursing personnel.

An extensive attempt at reviewing sick time by several of the Assistant Directors in their areas has emphasized the individual's accountability for the use of this benefit.

The Occupational Health Nurses have done a magnificent job in emphasizing physical fitness. The slogan "Keeping Fit for the V.G. and Me" is seen on t-shirts around the hospital.

With the number of changes in Nursing care and the high turnover of staff, a major adjunct to high quality care is an up-to-date and concrete policy and procedure manual. A major revision was undertaken this year.

A five-year plan for the Nursing Department was developed in January, including firm direction for Quality Assurance; for the development of staff; for the identification of health care needs and trends in the community; for the effective utilization of staff; and for the implementation of improvements in Nursing Administration management.

Continuing Nursing Education:

The Continuing Education division of nursing services offers both a general program of staff training and development and the provincial program in Critical Care Nursing. The last O.R.T. class graduated in 1979 and the resources will now be used to offer a P.G. for R.N.'s in Operating Room Techniques and Management.

Sixty-seven nurses graduated from the five courses in Critical Care Nursing in 1979. Thirty-nine of these were sponsored by the V.G. The others came from 13 hospitals in Nova Scotia and two from New Brunswick.

More than 400 staff were oriented to the hospital last year. Major emphasis is placed on the orientation of all staff because we believe this is crucial to the long-term satisfaction of the employee with the department and the hospital.

Programs of continuing education have been conducted in both a centralized and a decentralized manner. Individual or series conferences have been presented on Nursing Units in response to identified needs. The major focus, however, has been on monthly workshops for all levels of staff. Topics covered in these day-long workshops included "Legal Aspects", "Death and Dying", "C.P.R.", "Difficult Patients", "Loss", and "Pain".

Continuing Education has responded to requests for programs to meet specific needs. Two courses of 3 days each prepared 23 nursing members for the Cardiac Arrest Team. A 4-week course in Burn Unit Nursing was presented for 7 learners. A 3-day program was conducted in October, 1979, to introduce nurses in two of our clinical areas to Orthopedic Nursing. Twenty-one participants benefited from a 3-day Neuro Course conducted when Civic staff transferred to the V.G. and 9B converted from E.N.T. to Neuro. Earlier in the year, a 3-week orientation to Neurosurgery Nursing was developed for an unusually high number of new employees in that area.

This year, Continuing Education has been involved in a number of new programs and projects. A new program was designed to prepare staff nurses for the role of Head Nurse in the V.G. Two "Nurses Pharmarama" short courses were presented to a total of 160 people, who attended on their own time. Other new activities, such as producing a 35 minute videotape on "Nursing Management of Swans Ganz Catheters" made this a busy year for Continuing Education.

The Assistant Director and Instructors in Continuing Education are an energetic and highly motivated group who contribute greatly to the development of our staff to provide quality patient care.

The Department of Nursing Services has had an active and productive year. This has been accomplished through the efforts of all of our 1,200 staff throughout the hospital. I would like to express my personal appreciation to everyone in the department for a job well done.

EMERGENCY DEPARTMENT

The number of patients seen in the Department was 46,617; a decrease of 5,709 or 10.9% from the previous year. Of this number, 7,177 or 15.39% were admitted to the Victoria General Hospital; a decrease of 101 or 1.38% from the previous year.

Ambulance calls totalled 5,908, an increase of 6.9%. Of these, 2,563 were transfer calls, an increase of 14.2%; and 3,345 were emergency calls, an increase of 1.88%.

Triage of patients to Camp Hill Hospital was initiated July 1979, because of shortage of Emergency beds. Communication and cooperation with the Admitting and Medical Staff at Camp Hill Hospital has been excellent.

March 1980, a Poison Control Satellite unit was installed with the cooperation of the I.W.K. Poison Control Centre.

Patients for direct admission to the Hospital continue to wait in the Emergency Department until beds are available in the in-patient units. Study of this problem continues, with some success, by the Admitting Department in having beds available for patients before they arrive, if possible.

Nigel Merchant, M.D., was appointed Acting Coordinator, Emergency Services, April 1, 1979. At that time the Ambulance Service became the responsibility of the Coordinator.

Six Emergency Room Physicians were trained and certified during two advanced Cardiac Life Support courses which were conducted last year. Of the six, two have become instructors in A.C.L.S. techniques and it is planned to have more Emergency Room Physicians upgraded to instructor level shortly.

OPERATING ROOM

The total number of surgical procedures performed during the fiscal year was 23,069.

It was necessary to replace several pieces of worn out or obsolete equipment and, also, to purchase new types of equipment to accommodate new types of procedures.

Plans were finalized to cut back on E.N.T. and Ophthalmology elective times due to their transfer to the Halifax Infirmary.

Four student nurses elected to spend one month in the operating room, two of whom joined the staff as graduate nurses.

The last class of Operating Room Technicians, of which there were 8, was graduated this year.

Plans were underway to begin a special course in Operating Room Technique and Management, however, this has been postponed.

Staff continue to participate in In-service programs which are necessary to keep up-dated on new procedures, equipment and techniques.

A keen interest has been shown in attendance at workshops and seminars. The Atlantic O.R. Nurses Conference was held in Prince Edward Island and a number of our staff had the opportunity to attend this educational session.

Staff were councelled on the use of sick time and every effort made to help them feel a part of the O.R. Team working together with the surgeons to maintain and/or improve the care given our patients.

SCHOOL OF NURSING

The 1979-1980 year began for the School of Nursing on a very positive note, following receipt of the Approval Survey Report. The following is an excerpt from that report, quote:

> The Victoria General Hospital School of Nursing be granted full approval. This School is commended for the excellence of its program...On behalf of the President and Executive Committee, RNANS, sincere congratulations are extended to you and your faculty. It augurs well for the future of professional nursing in our province that our largest school merits such a positive evaluation. We salute the leadership, dedication, and commitment that developed and implemented the sound educational principles reflected in your curriculum. end of quote.

One hundred and eight students (107 females, 1 male) enrolled in the program during 1979, for a total student enrollment of 202.

Eighty-one students graduated from the School of Nursing in the combined Allied Health Schools Graduation in August, 1979; and 87% were successful in the first year writing of the National Registration Examinations.

Responding to the needs of future employers of our graduates, an attempt was made to include certification in Cardiopulmonary Resuscitation into the program. Forty-eight per cent of the 1979 graduating class and one hundred per cent of the second year students (Class of 1980) were certified by December, 1979.

The framework of the curriculum was completed, and the first year of the revised curriculum was implemented in September, 1979.

In October, 1979, Ms. Kathleen Arpin, University of Toronto, spent one day in the School as a consultant. She was impressed with the curriculum work completed, and gave positive feedback and encouragement to all faculty.

During the coming year, curriculum work will focus on finalization of specific content in the second year of the program.

Second year students have written comprehensive examinations throughout the second year, which were prepared to reflect the National Blueprint for Comprehensive Examinations (initial writing, August, 1980). Work sessions, under the direction of Margaret Barrett-Banks, have continued throughout the year, with the ultimate goal of establishing a test pool of comprehensive examination items for all internal school examinations.

The Director, School of Nursing, has been reappointed for a second term to the National Testing Service Blueprint Committee, Ottawa.

Miss Pamela Reid, BN, RN, was appointed to the position of Assistant Director, School of Nursing.

Twenty-five faculty members were sponsored to attend continuing education seminars and workshops throughout the year. In addition, this School hosted the Annual Provincial Faculty Conference with one hundred and six nurse educators in attendance. Ms. Faye Bower, Curriculum Consultant, California, facilitated the conference. This School participated in the Allied Health Career Workshop for Guidance Counsellors of this province. As well, we responded to several High Schools in the metro area by attending Career Days.

Again this year, questionnaires were sent to the graduates (Class of 1979) and to their employers following three months of employment. The School continues to use these evaluative tools in assessing and planning the needs for curriculum changes. Data collected from these sources, this year, have not indicated the need for any major curriculum revisions.

As in the past, this School has continued to contribute to Nursing Education throughout the province by sharing its experiences and efforts with colleagues from five other diploma schools in this province, in response to requests from these schools.

Faculty of this School continue to share and cooperate with Nursing Service in our efforts to assist our graduates in their transition from student to employee, by continuous joint committee work, planning, and implementing a cooperative orientation program and graduate placement.

OCCUPATIONAL HEALTH DEPARTMENT

The past twelve months have been ones of rapid change and positive growth and development.

Staff changes were as follows: Mrs. Wendy Kennedy, Clerk/typist joined the department in August 1979; Ms. Gai Thomas was appointed Supervisor September 1, 1979 and Miss Heather Vance transferred from the Laundry to be our temporary part-time Ward-Aid in February 1980.

Dr. Nadia MacIntosh, Physician, and Mrs. Ede McConaghy, Secretary, remained on staff, along with Mrs. Gloria Scott, Mrs. Eleanor Scovil and Mrs. Bonnie Walker, Public Health Nurses.

Phase I Program Expansion began officially October 1, 1979, (some began earlier, some later). These new programs include Fitness-Exercise Breaks at the work site; Accident (Employees) Management Program; Environment Program and In-Service Training on Tuberculin testing.

Since October 1, 1979, Occupational Health Nurses assessed and treated (or referred to appropriate medical resources) approximately two-thirds of *all accidents (or occupational illness)* reported by employees at the Victoria General Hospital. Contracted workers within the complex were also in the program. Since the majority of these

employees would, prior to October 1, 1979, have been seen in Emergency, thereby claiming medical aid from Workers' Compensation Board, considerable "out of pocket" savings to the hospital has been realized. An accurate cost-benefit analysis is not available for this fiscal year.

Since January 21, 1979, 180 *Fit Breaks* were conducted at an average of 18 work sites weekly with a total attendance of 1558 employees. Twenty-six Fit Break Trainees began in late March to learn the techniques and skills required to lead their own groups.

The daily (weekdays) *Clinical Service* expanded to 9½ hours, with further time expansion planned in the future, to better service the evening and night shift workers. Nurses interviewed, assessed and treated 9,605 employees during the year, which includes 2,869 persons presenting for immunological procedures.

Dr. MacIntosh examined approximately one fifth (2041/10,927) employees presenting at the Occupational Health Department. About one-third of her clients were referred by the Occupational Health Nurses (719/2041).

Regular assessment, examination and illness clearance continues for Food Handlers. Orientation participants and several hospital department personnel receive health assessment and immunization at commencing employment. It is hoped that more employees will be referred to the Occupational Health Department prior to starting work for similar service.

DEPARTMENT OF OPHTHALMOLOGY

The 1979-80 academic year was a year of major events in the Department of Ophthalmology at Dalhousie University. Several of these changes have had an impact on the ophthalmological services at the Victoria General Hospital.

Dr. R. LeBlanc was named Professor and Head of the Department in August of 1979, and the implementation of the COTH recommendations to centralize the Department of Ophthalmology at the Halifax Infirmary, consolidating all outpatient facilities for Ophthalmology in metro Halifax.

The centralization of ophthalmological services has, resulted in the termination of all outpatient eye clinics at the Victoria General Hospital.

Until the end of May 1980, however, an active outpatient department was maintained for the treatment of diabetics by laser therapy. As of June 1, all of these treatments have been transferred to the Nova Scotia Eye Centre.

Inpatient activity of the ophthalmological service has been maintained but at a much lower level. At the present time, Ophthalmology and Otolaryngology share a limited number of beds for elective admissions. However, consultations are maintained on a very active basis by the Department of Ophthalmology.

Again, as a result of centralization, the undergraduate teaching in the Department of Ophthalmology has shifted to the Nova Scotia Eye Centre. Post graduate training, has, however, been maintained at the Victoria General Hospital where one senior resident is present at all times to fulfill responsibilities to elective surgical admissions, as well as to the consultations and emergencies.

The past year has been a very active and even difficult one for the Department of Ophthalmology, despite all the positive developments which have affected this Department. Centralization of services at the Nova Scotia Eye Centre has resulted in a much better facility both for services and for teaching. These were the objectives of the C.O.T.H. and in this respect they have been met. Meanwhile, planning has already begun for the Camp Hill Medical Complex where Ophthalmology is expected to find a new home with the closing of the Halifax Infirmary.

We look forward to a continued and productive presence at the Victoria General Hospital in the years to come, and this, we feel, would be greatly facilitated when we are successful in recruiting a full-time neuro-ophthalmologist.

DEPARTMENT OF ORAL SURGERY

Patient Services

The total number of patients treated by the Department was 5,344, compared with 5,837 in 1978. The total number of inpatient admissions was 193 compared with 190 in 1978. The total number of services rendered was 15,018 compared with 14,798 in 1978.

Teaching and Education

One Resident, Dr. Philip Cyr completed his residency training in Oral Surgery in 1978. Dr. Cyr won the 1979 Annual Research Award of the Canadian Association of Oral and Maxillofacial Surgeons.

Research

The following projects were being carried out in the Department in 1979.

1. Retrospective Statistical Analysis of Mandibular Fractures admitted to the Victoria General Hospital 1973-1978. Dr. P. L. Cyr

2. Utilization of the Overbite Depth Indicator and the Anteroposterior Dysplasia Indicator in the Management of Dentofacial Deformities. Dr. B. W. Draper

No major plans for change are foreseen; such changes that are required can only be accomplished with new and enlarged space facilities.

DEPARTMENT OF OTOLARYNGOLOGY

Several changes in Staff appointments took place within the last fiscal year.

Dr. F. S. Wong, an Associate Otolaryngologist, departed for Ontario to take one year leave of absence starting 1 July 1979.

Dr. M. N. Wali received a cross-appointment for the School of Human Communication Disorders as a Lecturer on 1 July 1979.

Dr. John Jacobson, Ph.D., Audiologist with the School of Human Communication Disorders, of the Faculty of Health Professions, was given a cross-appointment to the Department as a Lecturer in Audiology.

Two final year Residents completed their training as of July 1 and departed; Dr. John Debow to practice as a Consultant in Otolaryngology in Dartmouth. Dr. J. Dibildox returned to his native Mexico. Two new Residents enrolled in the program, namely Dr. S. Khan and Dr. A. Joshi. Unfortunately, Dr. Khan discontinued his Residency at Christmas time because of personal and family reasons. Dr. Joshi continued and, while

in the program, passed his Royal College Examinations in Otolaryngology in Edinburgh.

On July 1, the Teaching Fellow position was filled by Dr. Hugh O'Neill, an Irish trained Otolaryngologist with the Canadian Armed Forces, who required an additional year of experience in a Canadian program.

The part-time University Secretary, Mrs. Marianne Beaudry, left her position by summertime because of family reasons and was replaced by a full-time University Secretary, Mrs. Marianne Ferguson.

One Interne per month continued being assigned to the Department throughout the academic year and two to three Clinical Clerks, on 4th year level of under-graduate training, were assigned to the Department on a weekly basis.

The undergraduate and post-graduate training syllabus remained unchanged. The third medical year received the one day practicum, as in the past, and a course of seven didactic lectures. The residency program continued basically unchanged with weekly departmental conferences held on Tuesday afternoons.

Toward the end of this year, namely March 27th, 1980, a short course in Otolaryngology was provided by all departmental Staff for Family Practitioners. It was organized through the Division of Continuing Medical Education, and was extremely well attended.

The Senior Resident was again involved in lecture demonstrations to the second medical year course in anatomy, dealing with the head and neck.

Dr. Novotny continued the special bi-weekly clinics in the School of Human Communication Disorders with clinical demonstrations to the Family Medicine Residents and Audiologist Students.

Prominent Scientists visited the Department, namely Dr. Scott Giebink, on October 9 and 10 in cooperation with the IWK Hospital for Children. His lectures included discussions of recurrent otitis media and upper respiratory infections. On October 19, Dr. Vijay Dayal, Associate Professor of Otolaryngology from Toronto, visited our Department while a guest of the Eastern Canada Otolaryngological Society. He provided several seminars dealing with otolaryngological topics and a main lecture on diagnosis and investigation of vertigo.

Other special lectures provided by the Staff included the following:

Dr. Novotny lectured to the second medical year in September on examinations of ear, nose, and throat.

Dr. Sekaran also lectured to the second medical year in December on applied anatomy of the ear, nose and throat.

Dr. Ketene delivered a lecture to the Oral Surgeons in January 1980 on the function and anatomy of the nose and the paranasal sinuses and on rhinoplasty.

Dr. A. G. Shane participated in the Dalhousie Refresher Course for General Practitioners and lectured on management of common E.N.T. problems, sinusitis, otitis media and epistaxis.

Under the Community Hospital Lecture Program, in the spring of 1980, *Dr. M. N. Wali* visited Berwick, N.S. and *Dr. K. E. Walling,* New Glasgow.

OUTPATIENT DEPARTMENT

During this twelve-month period 18,132 patients made 45,191 visits to the Outpatient Department, showing a slight increase of 864 patients and 996 visits over the similar period last year.

In November 1979, the Eye Clinic was transferred to the Halifax Infirmary with the exception of Dr. O'Brien's laser patients. It is anticipated that the Laser Clinic and also the E.N.T. Clinic will move to the Infirmary before July of this year.

Attendance at most of the remaining clinics showed little variation from other years with the usual exception of the Orthopaedic Clinic which showed an increase in visits from 7,618 to 9,344.

DEPARTMENT OF PATHOLOGY

The Department of Pathology comprises three major service divisions: Anatomical Pathology, Clinical Chemistry, and Hematology, plus smaller Cytopathology and Administration sections. The Department

functions as a central provincial laboratory facility as well as a major hospital laboratory and it is responsible for the following programs:

1) Comprehensive medical laboratory services to the Victoria General Hospital.
2) Blood Bank — Cross-match service to all Halifax hospitals except the Halifax Infirmary.
3) Blood (etc.) specimen collection and testing services for ambulant patients referred by physicians throughout the province.
4) Specialized laboratory services to all hospitals and physicians throughout the province.
5) Consultative and reference services to regional hospitals and laboratory directors throughout the province, including supervision and standardization of quality control programs sponsored by the Health Services and Insurance Commission.
6) Laboratory services to programs of other government departments: Department of Public Health, Department of Environment, Attorney General's Department.
7) Resident training in laboratory medicine to physicians proceeding to specialize in these or in other medical disciplines.
8) Specialized training in medical laboratory technology at both the undergraduate (pre-R.T.) and the graduate (A.R.T. and L.C.S.L.T.) levels.

The workload summarized below reflects the quantitative impact of these services.

Staff changes included the resignation of Dr. G. H. Anderson, Associate Pathologist in charge of the section of cytopathology, Division on Anatomic Pathology; Dr. G. Bisson, promoted to succeed Dr. Anderson; addition of Dr. Annette Foyle and Dr. A. Bernardo to the Division of Anatomic Pathology; promotion of Dr. J. T. Hindmarsh to Director, Division of Clinical Chemistry.

The Department continues to conduct extensive quality control and, additionally, clinical appraisal programs. In addition to provision of quality control programs to the HSIC, the Division of Clinical Chemistry serves as a reference chemical laboratory for the LCDC and the Canadian Society of Clinical Chemistry.

The past year was an especially active one in method development, research and continuing education activities. Departmental staff published 18 papers and presented 21 scientific papers at national and international scientific meetings.

Work-load Summary

Division	Procedures	S.C. Units
Anatomical Pathology	98,615	4,333,630
Hematology	776,860	6,483,934
Clinical Chemistry	2,379,787	10,555,109
TOTALS	3,255,262	21,372,673

PHARMACY

During the year there were over 95,000 prescriptions dispensed for inpatients and 12,000 dispensed to outpatients.

Pharmacy manufactured a number of sterile solutions:

Total Parenteral Nutrition:		
Number of patients	221	
Standard Solutions	9372	units
Special Solutions	1009	units
Total TPN	10,381	units
Queens Cocktail	1188	units
Small Volume Parenterals	1144	units

Pharmacy has participated in a number of investigational drug programs carried out in this past year.

PLANT ENGINEERING DEPARTMENT

Work on planning and scheduling for the preventive maintenance program progressed further during the year. It is estimated that 70% of this work has been completed.

A total of 7500 work orders were processed during the year. Steam produced during the year totalled 355,644,500 pounds, a decrease of 19.2% from the previous year. Of the total steam produced, 264,344,050 pounds or 74% was used in the V.G.H.; 76,600,700 pounds or 22% was sold to the Children's Hospital; and 14,699.750 pounds or 4% was sold to the Rehabilitation Centre. The total amount of oil used was 2,573,774 gallons of Bunker "C". This was 11% less than the previous year. Total

electrical consumption during the year was 16,349,956 kilowatt hours, down 0.5% from the previous year. Water consumption during the year was 163,981,800 gallons, an increase of almost 1% over the previous year.

During the year 6 employees retired or resigned and 6 were taken on strength.

An energy audit was carried out in the hospital and many recommendations were made relative to energy conservation. Some of these have already been implemented, others are in the process of implementation and the remainder will require the services of a consulting engineer to determine the most feasible and economic design to achieve energy savings.

A radio antenna and receiver-transmitter were installed at the hospital which will be the terminal point for the Health Care portion of the Provincial Integrated Mobile Radio System. It is expected that this system will be fully operational in late spring of 1980.

A contract was awarded on our behalf by the Department of Public Works for the installation of a sprinkler system for the entire Nurses Residence. It is anticipated that this work will be completed in October, 1980.

A standby medical air compressor was ordered to replace five smaller standby units which could no longer handle the increased requirements. Delivery and installation should be completed before August, 1980.

A flat ironer was acquired from the Halifax Infirmary to replace a similar 28-year-old unit, which had become uneconomical to repair. This unit was installed in the Laundry late in the year.

A feasibility study on the procurement and installation of rotating emergency power equipment and system design was commended by a consulting electrical firm. The report and recommendations are expected shortly.

There were numerous alterations, additions, renovations, and major repairs carried out to the physical plant. The more significant of these were:

(a) Reconfiguration and improvements to the Emergency Department Public Waiting Room.
(b) The construction of five Patient Toilet and Washroom facilities in the Victoria Building.
(c) The installation of a 250 KV. x-ray Therapy Machine on the first floor, Radiotherapy Building.
(d) Two hundred and thirty-one storm windows were installed in the Victoria Building.
(e) Facilities were prepared on Second Floor South, Victoria Building, for the installation of the Body Scanner.
(f) Renovations were commenced on Eighth Floor, North, Victoria Building to convert this area to a Transplant Unit.
(g) Installation of a centralized Nitrogen System to serve Oral Surgery and Neuro Surgery was begun.
(h) Improvements were made in the Medical Gas system and lighting in the 12-bed ward V4S-269, Victoria Building.
(i) Renovations were made to improve staff toilet and shower facilities and administrative areas in the Burn Unit, on Seventh Floor, North, Victoria Building.
(j) Cable TV facilities were installed in the lounges of the Nurses Residence.
(k) Asphalt repairs were made to all roadways and parking areas.

PSYCHIATRY

The introduction of the Hospital Services Act in April of 1979 had a more dramatic impact on the type of patients admitted to 9A than we had anticipated. It appears that very sick patients requiring longer hospitalization opted for general hospital care — a trend which needs to be assessed, since it would tend to increase the average length of stay on 9A. This has led us to re-think our role within the psychiatric services, and we hope to clarify the type of patients now suited for treatment on 9A with the specialized services that we have to offer.

The Consultation/Liaison Service continue to render service to other branches of medicine and met regularly with nursing and other staff on several of the critical care units. Dr. Flynn continues to carry out research on the patterns of referrals from different wards and has undertaken a study on the use and attitudes towards 'placebos' in the hospital.

The year witnessed Dr. S. Hirsch and Dr. D. Hirsch going on their Sabbatical Leave. Dr. S. Hirsch continues to work in the area of suicide

and will have much to contribute to patient care and teaching on his return. His continued interest in the Department while on his Sabbatical did much to maintain morale on the Unit.

The help that Dr. Robert J. Weil and Dr. Charles I. Cohen provided the Department in carrying out teaching and clinical responsibilities on 9A during the absence of Dr. S. Hirsch and the illness of Dr. H. K. Hall has been much appreciated. Dr. R. O. Jones remains active in his inimitable manner. He functioned in the capacity as an external examiner for the Department of Psychiatry, Memorial University, St. John's, Newfoundland, and was also the Adolf Meyer lecturer to the same university. He is the Canadian representative to the Committee of the World Psychiatric Association and also the Canadian representative to the Royal College of Psychiatrists, England. Dr. J. F. Nicholson has taken on an active role in the teaching of clinical clerks, internes and residents on 9A, and his help and contribution has given a new enthusiasm to the Unit. His contribution to the Hospice Program in the hospital is energetic and inspirational.

Dr. C. David presented a paper on "The Teaching of Psychotherapy for Psychiatric Residents" at the annual meeting of the Atlantic Provinces Psychiatric Association held in New Brunswick and also had his paper "Resurrection of the Dead Syndrome" published in the American Journal of Psychotherapy.

The year also witnessed the completion of two clinical audit studies undertaken by Dr. S. Hirsch — a trend that is bound to continue — providing us with an opportunity to monitor the quality of patient care that we provide.

Nursing staff have introduced Discharge Planning Groups on 9A which are working very well. Ms. Mair Davies and the psychologist, Ms. Lynn Ross, are carrying on 'movement and dance therapy' for suitable patients.

Psychology continues to experience shortage in their staff, thereby not enabling them to expand on existing programs — which involve, essentially, testing and teaching. Ms. Gwen Sterns is collecting psychological testing data on markedly obsese patients being considered for gastroplasty. Neurology and neurosurgery account for a high number of referrals of patients for neuropsychological testing. Fortunately, both Lynn Ross and Gwen Sterns have been able to attend workshops which are essential for their own professional development and for their ability to provide newer services for our patients.

One of the most important items to engage the attention of the Department is the planned new Camp Hill Medical Complex and the role of the Abbie Lane Memorial Hospital within this complex. The Department provided valuable input at several levels, through a number of committees. The position of the Department has been made clear: that the Abbie Lane Memorial Hospital be the psychiatric division of the new Camp Hill Complex and that there be an above-ground physical link between the new complex and the Abbie Lane Hospital. Discussions still continue, and it is obvious that we shall continue to provide input into this major development which is likely to alter the practice to psychiatric care considerably in the metro area.

A major problem exists in the Occupational Therapy Department which has experienced a chronic shortage of staff. Our repeated efforts and the recommendations of the Accreditation Committee have not helped to rectify this situation.

Another major problem on 9A of a chronic nature is a shortage of interviewing rooms, and the very small space that is presently available to carry out occupational activities for patients on 9A — a situation that we feel compromises patient care and also teaching. Assessments of the service made by clerks, internes and residents over the years have commented on this, but nothing has been done to date to help us carry out improvements in this regard.

In spite of some of these difficulties, it was an exciting and a challenging year.

DEPARTMENT OF RADIATION ONCOLOGY

There were three Radiation Oncologists throughout this period: Dr. R.M. Cunningham, Head of Dept.; Dr. O. Wong as Associate Radiotherapist; and Dr. L.A. Garcia-Nicoletti as Fellow pending his qualifications by the Royal College of Physicians and Surgeons.

The work load overall has remained much the same, but an interesting thing has happened and that is that with more detailed planning and greater work on the part of the Physics Department the set-up time for patient treatments is much longer so that the working day for the physicians and technical staff has increased considerably.

The Physics Section have received a grant from the Canadian Can-

cer Society, Nova Scotia Division for a new device which they are inventing to give accurate body contours. Their work in many aspects of radiation oncology have improved the quality of patient care considerably.

The 250kV unit and the superficial therapy unit have been installed and have been calibrated. This will take a load off one of the cobalt units to some extent and will also make new types of treatment possible in Nova Scotia.

The search has gone on for a new head of radiation oncology who will also be professor of radiation oncology at Dalhousie University. The search has been rather extended and will eventually pay off in the long run. We hope that with a new head the department will get a new boost of life.

We have been working diligently to support the idea of the Nova Scotia Cancer Treatment and Research Foundation and we have also contributed considerably to the basic planning of the new wing known as the Ambulatory Care and Cancer Foundation wings. The equipment for this is also under close scrutiny by our staff and we look forward to continued excellent work in this hospital.

SOCIAL SERVICES DEPARTMENT

Patient Care

Patient care and service related activity associated with the care is the primary function of the department. This includes giving the entire health team a better understanding of the patient in relation to his social and emotional environment; helping the patient and his/her family accept the illness and residual physical disability; assistance to the patient and his/her family with problems precipitated by the illness and its treatment; helping the patient achieve optimum utilization of medical care to achieve the maximum recovery and rehabilitation. Concomitant with this, to encourage more effective use of hospital beds for the acutely ill through utilization of other community resources and/or support services when hospital care is no longer medically needed.

During the year:	Total Social Medical Problems treated	11,431
	Total Units of Service to Patients	65,149

Education

This continues as an ongoing activity for health team care personnel in the form of seminars, consultations about patient care and management in hospital and debriefing meetings with the patient care givers.

Teaching Activity:

Social Work Education	147 Units
Medical Education	156 Units
Nursing Education	196 Units
Other	42 Units

We continue to be involved in patient teaching in the specialty treatment areas. It is anticipated staff will expand the patient teaching program in the coming year.

Department staff are involved in continuing education. They have taken advantage of sessions available in the hospital complex and in the wider community. These experiences have added to the knowledge base and professional growth of the individual staff members.

Community Activity

In this year, we have continued our participation in planning and development of new resources for unmet socio-medical needs and community support services.

During the year this has involved:

Consultations	94 Units
Health and Welfare Committees	526 Units
Planning and Coordination	41 Units
Public Speaking	23 Units

Quality Assurance

The new coded data reporting system designed to measure the quality and quantity of services delivered by staff has been in effect since April 1, 1979. It has thus far been helpful in program planning and will in its second year provide a base for the development of valid long and short range department program goals.

The next aspect of quality assurance begins April 1, 1980 with a program of peer review of social work records. All of our staff will participate in developing the protocols and in the peer review process.

STERILE SUPPLY SERVICE

The department is open for service twenty-four hours a day, the staff working in three eight-hour shifts.

Mr. Alex MacLellan, Chief Attendant Orthopaedic, joined our staff early in the year as replacement for Mr. J. F. Hiscock, who retired. Miss Doris Giffen retired after eighteen years of service and Mrs. Helen McGinnis also retired in July, after ten years service to the Hospital.

Six new staff members were added as replacements because of resignations and retirements. We had eight students as Summer Supply Vacation relief during July and August, making a total of fourteen who were given orientation to the department and on-the-job training. There was a marked decreased in staff turnover during the year.

Fourteen Orientation Tours were conducted for personnel who joined the Nursing Staff of the Hospital, totalling 428 people.

Tours of the department were also conducted for Pharmacy, X-Ray, Nursing Students. Nursing Orderlies from Emergency Department spend at least one day in this department, focusing most of their attention on sterilization procedures, including operation of sterilizers.

The department is represented on the Standards Committee for Supplies, the Infection Control Committee and the Nursing Procedures Committee.

Thirty-eight nursing units are supplied once weekly with all patient-use items by a Medical/Surgical Quota System. There is an average of forty-five requisitions, of ten line items per requisition, per day. Average number of items per unit is about 250 items.

The statistical report of the total processed items issued, from Sterile Supply Service, are as follows:

Total Number of Treatment Trays, Processed and Issued	141,235
Total Number of Packages, Processed and Issued	132,880
Total Number of Bottles of Solutions, Processed and Issued	135,381
Total Number of O.R. Linen, Drapes and Bundles	1,557,533

AUTOCLAVES

Number of Steam Loads	15,290
Number of ETO Gas Loads	389
Number of Aerator Loads	389

TELEPHONE CALLS FOR SERVICE

Total Number of Calls for Year	38,774
Average per day	106

DEPARTMENT OF SURGERY

The year 1979 continued to be another year of increased activity and change for the Department of Surgery. The main activities of the Department centered around the areas of patient care, medical teaching, and research activities.

The pressure to obtain admissions to hospital for urgent illnesses continued. During the past year a reorganization of the distribution of departmental beds was carried out. Greater integration was achieved by placing semi-private accommodation in the same geographic area as ward accommodation. This change has made for a more efficient processing of patients and it has facilitated the work of the resident and interne staff. As a result of integration a greater standardization of patient care has been achieved. Hopefully, this will in turn be reflected in better patient care.

During the past year changes were made in the format of Death and Complication Rounds. Now these rounds are held on each service on a monthly basis and this has resulted in an improvement in the evaluation of treatment services.

The operating rooms continue to be under pressure to obtain time to have surgery performed. An analysis of operating room activities reveals that an annual increase in the number of endoscopy procedures is being carried out. Attempts have been made to obtain an area where endoscopy can be carried out outside of the operating theatres. Many of these procedures do not require the sophisticated facilities of an operating room and if an alternate area could be provided it would greatly increase the efficiency of the operating room usage.

The Department of Surgery was busily involved in planning for the new Ambulatory Care Centre which is to be constructed later this year. It

is hoped when this facility becomes available that a greater range of services will be provided to the public.

As in other years, an increase in the highly technical and sophisticated surgical services has been noted. In the area of cardiovascular surgery the number of procedures has increased and newer procedures have evolved. This continued progress has been evident in general surgery, orthopaedic surgery and plastic surgery.

The management of malignant disease continues to be one of the areas of great interest and activity. New protocols have been developed for varying types of malignant disease and a constant flow of new drugs has come on the market and various protocols have been evolved to attempt to find the best role of these new agents.

In April of this year new heads were named for plastic surgery, surgery D and cardiovascular surgery.

The past year witnessed the death, after a long illness, of Dr. G. J. LeBrun who had been a very productive and active member of the Department of Surgery for many years. Dr. LeBrun contributed greatly to activities in the Department of Surgery and his death was keenly felt by all members of the department.

V.O.N. LIAISON PROGRAM

During the fiscal year 1979/80 there were 1,245 patients referred to the program and 157 clinic cases followed up. In addition, there were a total of 2,877 interviews and cases reviewed.

The V.O.N. Liaison Nurse has continued to attend regular paramedical rounds on the various medical and surgical floors with regards to patient discharge planning. She has continued to attend staff meetings and inservice education on a monthly basis at the Halifax office. Orientation programs were continued to be given to Nursing students, new staff members of the V.O.N. and V.G.H. nursing staff. Various panels and patient conferences were also attended.

VOLUNTEER SERVICES

The past year has been one of expanded service in our ongoing programmes. We have had a significant upsurge in requests for our day by day services. However, we have added an extra activities programme in the form of games and entertainment with direct patient participation as requested by 4A. Staff and patients have shown approval of this successful venture. Donations from several church groups and sororities have given us the needed games etc., to keep this programme alive.

In excess of twenty thousand magazines have been distributed throughout our patient solaria and outpatient waiting rooms. Our sources for hard-cover and pocket novels increases monthly. At this time patients come to Volunteer Services office to select books when it is their desire to do so. It would be an asset if we could in the future, reclaim facilities to provide a true patient library next to our offices.

Continued need for clothing for patients being discharged has made for busy hours in this area. In addition to individual requests we keep a supply in the Emergency Department for their continuing use. All items used for this service are donated by persons made aware of our needs in the Metro area.

The Armdale-Fairview-Rockingham Lion's Club continue to offer their airway communication service to us and has made many patients happy to be able to reach their homes without cost.

The Hospice Service continues to be active and from positive comments received provides needed support to patient and family during difficult times.

Tours were given for high school students contemplating a career in nursing and para-medical studies as well as pre-med students and business students, who wish to work in a hospital setting. My thanks for the great cooperation our School of Nursing and business office extend to our department during these tours.

With an up-date in mind to make Patient Solaria more comfortable plans are underway to coordinate furnishings in these areas, budget permitting.

Continued participation with other volunteer directors both provincially and nationally has been a source of continued reciprocal help. Our

Association, The Nova Scotia Association of Volunteer Directors in Health Care is now affiliated with the Nova Scotia Association of Health Organizations and will, be part of the National Association soon to be formed in Montreal.

Our Halifax Public Library and C.N.I.B. have been a valuable source of supply for talking books and for the loan of tape recordings when needed by blind, or otherwise disabled patients. Their co-operation nd extra effort to help us is greatly appreciated.

Our long standing services continue as in past years:

Patient Care — Help when needed to feed patients. Ongoing care escorts for patients on outpatient services.

Patient Services — Shopping, banking, tutoring, interpreters, specialized friendly visiting on one-to-one basis. Diversional activities, recreational activities and patient feeding.

Assistance In — Accompanying patients to airport and bus terminals, train stations, as well as to Brace Centre, Optometrists, etc. Porter escort service, out-patient clinics, special projects and clerical aid with Inservice, continued involvement with the Halifax/Dartmouth work/study programme.

ANALYSIS OF HOSPITAL SERVICES
April 1/79 - March 31/80

Service	Male	Female	Total	Total Deaths*	Death Rate	No. of Autopsies	Autopsy Rate	Patients Receiving Consults	Consult Rate	Total Days	Avg. Days Stay
Medicine	2,818	2,509	5,327	351	6.6%	96	27.4%	1,764	33.1%	75,582	14.2%
Radiotherapy	8	5	13	0	0.0%	0	0	2	15.4%	119	9.2%
Psychiatry	123	237	360	1	0.3%	1	1.0	130	36.1%	10,524	29.2%
General Courtesy Surgery	37	54	91	1	1.1%	0	0.0%	31	34.1%	1,142	12.6%
Surgery A-D Incl.	1,960	2,295	4,255	186	4.4%	41	22.0%	1,099	25.8%	54,117	12.7%
Cardiovascular Surgery	672	318	990	45	4.6%	11	24.4%	208	21.0%	14,552	14.7%
Orthopedics	984	975	1,959	26	1.3%	4	15.4%	349	17.8%	23,984	12.2%
Plastic Surgery	457	325	782	11	1.4%	5	45.5%	118	36.3%	12,023	15.4%
Urology	1,162	306	1,468	22	1.5%	9	40.9%	419	28.5%	16,946	11.5%
Neurosurgery	504	374	878	70	8.0%	27	38.6%	434	49.4%	14,938	17.0%
Oral Surgery	84	119	203	0	0.0%	0	0	26	12.8%	944	4.7%
Otorhinolaryngology	321	233	554	6	1.2%	1	16.7%	124	22.4%	4,598	8.3%
Opthamology	180	217	397	0	0.0%	0	0	176	44.3%	2,713	6.8%
Gynecology	0	2,090	2,090	8	0.4%	1	12.5%	291	13.9%	13,696	6.6%
Newborn	0	0	0	0	0.0%	0	0	0	0	0	0
Grand Total	9,310	10,057	19,367	727*	3.8%	196	27.0%	5,171	26.7%	245,879	12.7%

*Of these 727 Deaths, 104 Deaths were within 2 Days stay in Hospital.

Prepared By: Medical Records Department
Source: PAS Monthly & Semi-Annual Activity Reports
Summary by Hospital Service, 1979 - 1980
Date: June 18, 1980